



Quality Council
Monday, April 28, 2003
3:30-5:00 p.m.

Conference Room 6A, Exchange Building
821 Second Avenue, Seattle WA 98104

Members Attending:

Ron Sterling, Chair
Richard Hart
Christine White
Frank Jose

Staff Present:

Lisbeth Gilbert

Guests:

Howard Miller, Chair, King County Mental Health Advisory Board
Christine Hearth
Kali Henderson

I. CALL TO ORDER

Chairman Ron Sterling called the meeting to order at 3:30 p.m.

II. INTRODUCTIONS

Meeting participants introduced themselves.

III. PREVIOUS MEETING NOTES APPROVAL

Meeting notes from February and March were approved.

IV. ANNOUNCEMENTS

- Frank Jose spoke about the Move for Mental Health Walk/Run fund raising event that will be held on Sunday, September 9, 2003.
- Frank announced that Ron Sterling was nominated by the National Alliance for Mentally Ill (NAMI) to receive the exemplary award provided by the Psychiatric Association.
- Frank Jose announced that WAMI of Greater Seattle will have a fund-raising plant sale at their offices, and plant donations will be welcome.

V. RSN UPDATE – Liz Gilbert

- Payment Methodology Work Group: Liz indicated the RSN has convened a stakeholders work group, which is reviewing various models for payment for services, including those used by other RSNs. There are no decisions as yet.
- After-hour Crisis Work Group: Shelle Crosby will contact group members when the next meeting scheduled.
- Consumer Outcome Study: This MHD sponsored study will likely undergo modifications. It was originally intended as an outcome study, but now incorporates assessment and client satisfaction. RSNs are finding it too long and burdensome to administer, and some RSNs and providers are pulling out of the pilot study. Also, the data loop not closed: case managers are not able review data on their clients. The State Mental Health Division (MHD) has hired a consultant to work with the both the tool and the process.
- Recovery Ordinance Report: The Second Annual Recovery Ordinance Report was sent to the King County Executive, and is due to the King County Council by April 30, 2003. Quality Council members asked for the final report, which Liz will provide.
- MHD Quality Assessment Performance Improvement (QAPI): The Balanced Budget Act (BBA) requires each state to annually implement one administrative and one clinical improvement project. The MHD has chosen two initiatives, which will also be implemented by each RSN. The administrative initiative relates to data standards (as measured by RSN submission of data in accordance with Health Assurance Portability Accountability Act –HIPPA), and client participation in treatment plans as the clinical initiative. Performance on the later initiative will be measured through survey and telephone interviews.
- Legislature: (note: this information was current as of the end of April)
 - Mental Health Parity: The bill appears to be dead for this session.
 - Medically Indigent: The state is considering ceasing payment of hospital bills for people with Medicaid cards under the Medically Indigent category. The initial plan was to continue paying psychiatric hospital costs under the Medically Indigent category, but this no longer appears to be the case. The timing is unfortunate, as many hospitals are no longer serving Medicaid enrollees due to the low rates of reimbursement. However, the plan is to award two grants for hospitals that serve a “disproportionate share” of non-reimbursed patients. It seems likely that Harborview will be paid through the grant model, but probably not West Seattle Psychiatric Hospital.
 - Advance Directives: this legislation, which establishes guidelines for creating and implementing advance directives, appears to be doing well.
 - Training for criminal justice staff: the House and Senate have each sponsored bills that will require criminal justice staff who work with

inmates with behavioral health issues to receive training from the Training Commission.

- SB5521: This bill will allow small employers provide insurance coverage at a level less than Basic Health Plan and excludes mental health and chemical dependency treatment.
- General Assistance Unemployable (GAU): The Senate introduced a bill that will require people requesting GAU (a Medicaid category) to be disabled for at least 12 months before becoming eligible.
- Regional Employment Services & Placement Centers: The RSN evaluated proposals for these services, and is in the process of negotiating contracts with two potential providers.
- Housing Voucher: A contract was negotiated with Seattle Mental Health (SMH) to provide supports to clients with housing vouchers. The project targets chemically dependent jail users, and is funded with revenues formerly dedicated to Cedar Hills Addiction Treatment Services (CHAT).
- Special Session: The Legislature will reconvene on May 12th to work on the budget. The state operates with a biennial budget that will begin on July 1, 2003 and end June 30, 2005. Since King County operates under an annual January-December budget cycle, delays in adopting the state budget create planning/allocation barriers to the county. Our department (Community & Human Services) currently favors the Senate budget over the House, but with reservations. The Senate version does feature deep cuts to services for children, which may have long term ramifications. However the House budget cuts mental health rates and includes a 10% administrative cap, a percentage that was not informed by any valid reliable study.
- SIG IV: Liz described a planning process the MHD recently completed in response to Balanced Budget Act requirements for standardized access criteria across the state. The new criteria will create narrower access for King County because of diagnostic requirements, but will broaden access for some RSNs. There are certain diagnoses (mostly those considered major mental illnesses) that will be automatically eligible, but others will require other conditions to be present in order to meet eligibility criteria. The access criteria also include three levels of care so our current model will need to be reviewed against these new requirements. Additional information will be provided to the Quality Council when it becomes available.
- Case Manager turnover: Shelle Crosby would like to provide ideas she has heard related to case management turnover at a future meeting.
- Contract Compliance: the RSN is beginning its annual cycle of contract compliance reviews this week. Each contract provider will be visited. In response to questions, Liz responded that Margaret Smith who has extensive contract history leads the new mental health

contracts section. Margaret has three contract monitor staff who manage provider contracts. Liz agreed to provide a copy of the contract monitoring tool used during site visits, and it was agreed that the Quality Council will be given summary information about provider performance. The RSN will continue to issue quarterly "Report Cards" and expects to implement provider report cards in the future.

VI. QUALITY COUNCIL RECOMMENDATIONS

Meeting participants discussed two letters sent by Amnon Shoenfeld to Howard Miller, Chair of the King County Mental Health Board, in response to recommendations from the Quality Council regarding oversight responsibilities for facility-based residential sites, and case manager turnover.

Residential facilities will be visited as part of the annual cycle of contract compliance on site reviews. A tool that reflects contractual requirements will be used to evaluate implementation of contract requirements. Aging and Disability Services (ADS) will continue to license residential providers, and the RSN will receive copies of their reports and any needed corrective actions. The RSN requires all facilities to be currently licensed as a condition of its contract. The ADS is in revision and Liz will arrange to have the final tool provided to the QC, as well as the RSN residential site visit tool.

Frank commented that RSN housing providers are meeting with Walt Adam about implementing the RSN's new housing policy direction, and that providers seem positive about forthcoming changes.

The QC next discussed Amnon's response to recommendations related to case management turnover. Although the RSN will not be able to provide the additional data requested by the QC, the QC did receive a copy of a report recently prepared by the RSN for the MHD. This report provides summary data of case manager:consumers served under the Mental Health Plan (MHP), which is the outpatient Medicaid program, which represents 2/3 – 3/4 of all consumer services. The report provides the geographic distribution of providers across King County, the types of specialized services available, and a count of staff who can communicate in languages other than spoken English (by provider, by language). This data will provide a significant part of the data in which the QC had an interest. Liz will send an electronic copy of this report to Ron Sterling who will provide a summary during the May QC meeting.

Participants next explored potential options for providing a venue for case managers throughout the RSN to come together and exchange information and ideas. Provider representatives described initiatives and issues that impact turnover and potential participation by staff in future discussions. It was noted

that turnover rates appear to be declining due to the overall economy and employment climate. This discussion will continue during future meetings.